**STATE OF WISCONSIN**

Department of Administration

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**COMMUNITY DEVELOPMENT BLOCK GRANT -PUBLIC FACILITIES**

**(CDBG-PF)**

**2019 ANNUAL GRANT**

**APPLICATION**

****

**CDBG-PF PROGRAM CONTACT INFORMATION**

Mailing Address: Wisconsin Department of Administration

Division of Energy, Housing and Community Resources

Bureau of Community Development

**ATTN: CDBG-PF Applications**

101 E. Wilson St., 6th Floor

P.O. Box 7970

Madison, WI 53707-7970

Telephone: David Pawlisch, Director

Bureau of Community Development

(608) 261-7538

Email: *DOACDBG@wisconsin.gov*

**PLEASE NOTE:**

2019 CDBG-Public Facilities Grant Application materials can be downloaded from the Bureau of Community Development section on the Division of Energy, Housing and Community Resources website at:  [*https://doa.wi.gov/Pages/LocalGovtsGrants/CDBGPublicFacilitiesProgram.aspx*.](http://www.doa.wi.gov/divisions/housing/bureau-of-community.) Please **download the electronic document(s) prior to application submission** to ensure that you are referencing the most up-to-date version of the application as periodic revisions may have been made since this copy was printed.

**Wisconsin Department of Administration**

**Division of Energy, Housing and Community Resources**

**Community Development Block Grant - Public Facilities (CDBG-PF)**

**2019 Grant Application**

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| **PART 1 – GRANT REQUEST** |
| Grant RequestAmount: $  | Applicant’s Match: $  | Total ProjectCost: $  |
| Project Title:  |
| Brief Project Description:  |
| If Project receives CDBG funding:  Project Begin Date (MM/YY): \_\_\_\_ / \_\_\_\_\_ Project Completion Date (MM/YY): \_\_\_\_ / \_\_\_\_\_ |

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| **PART 2 – APPLICANT INFORMATION** |
| **APPLICANT** (Unit of General Local Government [UGLG]):  | Population:  |
| UGLG Type: **[ ]** City **[ ]** Village **[ ]** Town **[ ]** County | County:  |
| Senate District #:  | Assembly District #:  |
| Joint Application? **[ ]**  No **[ ]**  Yes (If yes, list other unit[s] of government):  |
| Chief Elected Official (CEO):  | Title:  |
| Clerk:  | Title:  |
| Municipal Administrator (if applicable):  | Title:  |
| Treasurer/Finance Director:  | Title:  |
| UGLG Street Address:  |
| UGLG Mailing Address if different than above:  |
| City:  | Zip:  | DUNS #:  |
| UGLG Phone: ( ) \_\_\_\_\_\_ – \_\_\_\_\_\_\_  | UGLG Fax: ( ) \_\_\_\_\_\_ – \_\_\_\_\_\_\_ | FEIN:  |
| UGLG E-Mail:  | Clerk E-Mail:  |
| If the UGLG contracted with a third party to complete this application, please provide the contract/invoice amount for application preparation services: $ \_\_\_\_\_\_\_\_\_\_ |
| **Chief Elected** **Official Signature:**  | Date:  |
|  |
| **Application Contact**  |
| Name:  | Title:  |
| Firm/Company/Entity:  |
| Mailing Address :  |
| City:  | State;  | Zip:  |
| Phone: ( ) \_\_\_ – \_\_\_\_\_\_ | Fax: ( ) \_\_\_ – \_\_\_\_\_\_ | E-Mail:  |

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| **Current CDBG Assistance**  |
| List currently open CDBG-PF, CDBG-ED, CDBG-PLNG, CDBG-PFED, and CDBG-Housing awards: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Project: | Grant Agreement # | Award Date: | Performance Period End Date: | Award Amount: |
|  |  |  |  |  |
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|  |  |  |  |  |
| Did any previous CDBG award(s) monies fund part or all of the Public Facilities (PF) project for which you are applying today? **[ ]** Yes [ ]  No |
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| **PART 3 – INITIAL ELIGIBILITY** |
| Provide or acknowledge the following to demonstrate initial application eligibility. *Contact the Bureau of Community Development if any answer in this section is “No”:***Yes No** **[ ]**  **[ ]**  1. The Unit of General Local Government (UGLG) certifies that it is a non-entitlement community that does not receive CDBG funds directly from the Department of Housing and Urban Development (HUD).  **[ ]**  **[ ]**  2. UGLG’s *Citizen Participation Plan* is attached. **[ ]**  **[ ]**  3. Documentation of the first public hearing notice, verifying that the notice was published in accordance with the UGLG’s *Citizen Participation Plan* in effect on the date of the first notice; and adequate advance notice was given for the public hearing in accordance with the UGLG’s *Citizen Participation Plan* in effect on the date of the first notice, ***and*** no less than the equivalent of a Class 2 Notice, is attached. **[ ]**  **[ ]**  4. *Citizen Participation Public Hearing Certification* is attached.  **[ ]**  **[ ]**  5. Public Hearing Meeting Minutes [with attendees listed in the Minutes or on separate sign-in sheet(s) provided] are attached. **[ ]**  **[ ]**  6. *Authorizing Resolution to Submit CDBG Application* is attached.  **[ ]**  **[ ]**  7. *Statement of Assurances* is attached. **[ ]**  **[ ]**  8. *Lobbying Certification* is attached.  **[ ]**  **[ ]**  9. *Potential Fair Housing Actions* checklist is attached. **[ ]**  **[ ]**  10. The UGLG acknowledges that if the project is funded, the UGLG will be required to complete the environmental review process ***before*** the UGLG begins construction and can receive grant funds.  **[ ]**  **[ ]**  11. The UGLG acknowledges that if the project is funded, professional services for grant administration will be properly procured in compliance with Federal, State, and local requirements. **[ ]**  **[ ]**  12. The UGLG understands that the contract for professional services is between the UGLG and the professional services provider; the State is ***not*** responsible or a part of that relationship. **[ ]**  **[ ]**  13. The UGLG acknowledges responsibility for ensuring that CDBG contract requirements are met. The fees paid for grant application preparation and grant administration may be published on DEHCR’s web page. **[ ]**  **[ ]**  14. The UGLG certifies it is notdebarred from receiving federal grant funds.  **[ ]**  **[ ]**  15. The UGLG understands that incomplete applications may be denied before review and denial of incomplete applications ***cannot*** be appealed.**\_\_\_\_\_\_\_ By initialing, the Chief Elected Official (CEO) certifies that the eligibility information noted above is complete and accurate.** |

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| **PART 4 – CDBG NATIONAL OBJECTIVE AND PROJECT BENEFICIARIES** |
| 1. Will the proposed project benefit the entire community? **[ ]**  Yes **[ ]**  No
* How many total individuals will benefit from the project? \_\_\_\_\_\_\_\_
* Of those who will benefit, how many individuals meet the qualification of LMI? \_\_\_\_\_\_\_\_
1. Which CDBG National Objective does your proposed project meet and which method was used to demonstrate National Objective compliance? (Answer using the checkboxes below.)

**[ ]**  Benefit to Low- and Moderate-Income Persons**[ ]**  Area Benefit using HUD Local Government LMI Summary Data (only for projects having community-wide benefit or having primary benefit to multiple entire municipalities )**[ ]**  Area Benefit using HUD Census Block LMI Summary Data (for projects with a service area that is coterminous with one or more census blocks only)**[ ]**  Area Benefit using Income Survey Data (for projects for which an income survey was conducted to determine the LMI percentage of the service area)**[ ]**  Area Benefit using combination of HUD LMI Summary Data and Income Survey Data (for projects for which the LMI percentage calculation for the total service area was made by using the aggregate totals for the population and number of LMI persons from a combination of HUD LMISD for part of the service area and income survey data for the rest of the service area)**[ ]**  Limited Clientele - HUD presumed group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (or if based on nature of project and location, provide justification below, and attach map detailing supporting information for service area)**[ ]**  Prevention/Elimination of Slum and Blight**[ ]**  Area Basis (Attach completed Slum and Blight Certification Form and supporting documents including map of service area)**[ ]**  Spot Basis (Attach completed Slum and Blight Certification Form and supporting documents including map of service area)**[ ]**  Urgent Local Need HUD’s regulation found at 24 CFR 570.483 (d) and policy guidance in meeting a National Objective states that to qualify under the Urgent Local Need Objective the project activity must alleviate conditions that meet all of the following criteria: 1. Pose a serious and immediate threat to the health or welfare of the community; and
2. Are of recent origin or which recently became urgent, meaning that the conditions developed or became critical within 18 months preceding the certification; and
3. The local government is unable to finance the activity on its own, and other sources of funding are not available to carry out the activity.

Please note: Additionally, HUD’s guide to “*Meeting a National Objective*” states planning grants are not allowed under the Urgent Local Need objective and activities designated solely to *prevent* a threat will not qualify. Provide justification below. ***For Urgent Local Need (ULN), briefly explain how the activity will alleviate conditions that:***1. Pose a serious and immediate threat to the health or welfare of the community; and
2. Are of recent origin or which recently became urgent, meaning that the conditions developed or became critical within 18 months preceding the certification; and
3. The local government is unable to finance the activity on its own, and other sources of funding are not available to carry out the activity.

(ULN Justification: Limit your narrative to one (1) page with not less than a 11-point font.)(Insert Text Here) |

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| **PART 5 – PROJECT NEED (0-100 Points)**  |
| Using the section headings provided, concisely describe the need for the proposed project and CDBG funding by addressing the following: 1. Current condition of the problem;
2. Frequency with which the problem occurs;
3. Number of persons and/or families/households affected by the problem;
4. Effect(s) of the problem if left untreated/unaddressed;
5. Extent to which the completion of the proposed project will address the problem;
6. Scope of work; and
7. Extent to which CDBG funding is needed to complete the project.

Refer to *Part 5* of the *Application Instructions* for guidance. Data or pertinent information that may serve as justification for the need for the project may be included in the narrative or as an attachment to this application. Limit the narrative to two (2) pages (pages 7 and 8 of this application) with not less than 11-point font. **\*\*\* Additional supporting documentation for Project Need may be attached. It may not exceed 20 pages and must be titled using the *Checklist* on pages 13 and 14 of this application form. \*\*\*** |

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| **PROJECT NEED NARRATIVE (0-100 Points) - Page 1 of 2** |
| 1. **Current condition of the problem:**

(Insert Text Here.)1. **Frequency with which the problem occurs:**

(Insert Text Here.)1. **Number of persons and/or households affected by the problem:**

(Insert Text Here.)1. **Effect(s) of the problem if left untreated:**

(Insert Text Here.)1. **Extent to which this proposed CDBG-PF project will alleviate the problem:**

(Insert Text Here.)1. **Scope of work:**

(Insert Text Here.)1. **Extent to which CDBG funding is needed to complete the project:**

(Insert Text Here.) |

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| **PROJECT NEED NARRATIVE (0-100 Points) - Page 2 of 2** |
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| **PART 6 – COMMUNITY DISTRESS (0-70 Points)** |
| Median Household Income (0-40 Points)  Source Data (2013-2017 American Community Survey 5-Year Estimates): *https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml* | $  |
| Per Capita Property Value (0-15 Points) Source Data (2017): *https://www.revenue.wi.gov/Pages/Report/t.aspx#tvc*  | $  |
| Local Property Tax Rate [Full Gross only] (0-15 Points) Source Data (2017): *https://www.revenue.wi.gov/Pages/Report/t.aspx#tvc*  |   |

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| **PART 7 – FINANCIAL NEED (0-30 Points)** |
| Amount of Matching Funds Committed to Project:(This amount must be consistent with the information provided in Part I of this application and in Part 9 *Budget and Matching Funds.*)  | $  |
| If the Matching Funds amount is not within the 2:1 ratio allowed (i.e., maximum $2 CDBG for every $1 Grantee Match) toward the Total Project Cost, is a match funding waiver request letter from the UGLG’s CEO (with explanation of and/or supporting documentation for an economic hardship) attached? [ ]  Yes **[ ]**  No **[ ]**  N/A  |
| Funding Sources for Matching Funds Committed to Project:[ ]  General Obligation (G.O.) Debt [ ]  Revenue Bonds[ ]  Other (briefly explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| UGLG’s G. O. Debt:  |
|  G.O. Debt Capacity for 2019: | $  |
|  Used G.O. Debt to Date (***excluding*** *any G.O. Debt used to secure financing for the proposed CDBG Project*):  | $  |
|  |
|  For Water and Sewer Projects (regardless of funding source): |
| (Attach documentation that verifies current water/sewer rates (e.g., rate statement that is distributed to or published for customers, or similar document) and attach a worksheet showing the calculation(s) made for the total(s) for 70,000 gallons of usage, as entered below.)  |

|  |  |
| --- | --- |
|  Current annual residential water charge calculated for a household using 70,000 **gallons** of water\*: |  |
| *\***Fire protection service charges may only be included in the water utility rate reported in this section if the fire protection service charges are billed/collected through the water utility. Fire protection service charges billed/collected through taxes are not to be included in the water utility rate calculation.* |  | $  |
| **Per 70,000 Gallons** |
|  Current annual residential sewer charge calculated for a household using 70,000 **gallons** of water: |  |
|   |  | $  |
| **Per 70,000 Gallons** |

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| **PART 8 – PLANNING (0 - 10 Points)** |
| (For Planning, 0-10 Points will be awarded based on whether the proposed CDBG project supports and further promotes the UGLG’s adopted/approved long-range plans. Scoring is based on the level of consistency and specificity within the UGLG’s adopted/approved long-range plan(s) in relation to the proposed CDBG-PF project scope and the extent to which supporting documentation is provided to verify the information.)*Briefly explain, within the space provided, how the project scope is consistent with the goals and objectives of one or more adopted/approved community long-range plans, such as a Comprehensive Plan, Community Redevelopment Plan, Capital Improvements Plan, Strategic Plan, etc., if applicable. Submit the copy(ies) of the relevant section(s) of the plan(s) in the Attachments with the completed application. Mark the relevant sections of the text on the attachment(s), and label plan pages with the page number and the plan’s title and date of adoption/approval. [****Do not*** *attach a full copy of the entire plan(s).]*(Insert Text Here.)  |
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| PART 9 – BUDGET AND MATCHING FUNDS (0 - 40 Points) |

**APPLICANT: DATE: \_\_\_/\_ \_\_/\_\_\_\_\_**

**Required:** Attach a detailed itemization of project costs (e.g., engineer’s estimate or similar itemization of costs) to verify the costs listed in the Budget below. Attach documentation of Matching Funds, if available.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Source(s) of Matching Funds |  |
| Activity | CDBG Funds | UGLG Funds | OtherPublic Funds | Private Funds | Total |
| Acquisition - Land |  |  |  |  |  |
| Acquisition - Building |  |  |  |  |  |
| Building Improvements |  |  |  |  |  |
| Center/Facility Construction |  |  |  |  |  |
| Clearance - Site |  |  |  |  |  |
| Curb and Gutter |  |  |  |  |  |
| Electrical System Improvements  |  |  |  |  |  |
| Environmental Remediation |  |  |  |  |  |
| Equipment |  |  |  |  |  |
| Fire Station |  |  |  |  |  |
| Relocation |  |  |  |  |  |
| Sanitary Sewer |  |  |  |  |  |
| Sidewalks |  |  |  |  |  |
| Storm Sewer |  |  |  |  |  |
| Streets |  |  |  |  |  |
| Wastewater Treatment Facility |  |  |  |  |  |
| Water |  |  |  |  |  |
| Fixtures |  |  |  |  |  |
| Furnishings |  |  |  |  |  |
| Engineering (match only) |  |  |  |  |  |
| Administration |  |  |  |  |  |
| **Sub-Total(s):** |  |  |  |  |  |
| Detailed Itemization of Project Costs is attached to this application: **[ ]** Yes **[ ]**  No |

|  |  |
| --- | --- |
| **Summarize the UGLG’s Match Funds\* and other Public and Private sources of Match Funds\* for the CDBG Project:** |  |
|  |  |  |  |  | ***CHECK ALL THAT APPLY:*** |  | ***Supporting Documentation Included?*** |
| Source: |  | Amount: $ |  | Status: | [ ]  Pending | [ ]  Committed | [ ]  Other | [ ]  Yes [ ]  No |
|  |  |  |  |  | [ ]  Applied | [ ]  Secured/Awarded |  |
| Source: |  | Amount: $ |  | Status: | [ ]  Pending | [ ]  Committed | [ ]  Other | [ ]  Yes [ ]  No |
|  |  |  |  |  | [ ]  Applied | [ ]  Secured/Awarded |  |
| Source: |  | Amount: $ |  | Status: | [ ]  Pending | [ ]  Committed | [ ]  Other | [ ]  Yes [ ]  No |
|  |  |  |  |  | [ ]  Applied | [ ]  Secured/Awarded |  |
| Source: |  | Amount: $ |  | Status: | [ ]  Pending | [ ]  Committed | [ ]  Other | [ ]  Yes [ ]  No |
|  |  |  |  |  | [ ]  Applied | [ ]  Secured/Awarded |  |

*\*Report only match funding sources that the UGLG intends to utilize/accept.* *If the UGLG reports on the CDBG application secured matching funds that it does not intend to utilize/accept for the CDBG project, receives a CDBG award (with a match score based on secured funding), and then causes delay in the Grant Agreement execution process due to needing to secure alternative funding; then DEHCR may rescind the CDBG award.*

For any source with a status of “Other” provide a brief explanation (No more than a one-sentence narrative per source).

(Insert Text Here.)

Do you anticipate using CDBG funds to pay for any Grant Administration services associated with this project?

 [ ]  Yes [ ]  No

If yes, were the services (or will the services be) competitively procured in compliance with state and federal CDBG requirements?

 [ ]  Yes [ ]  No

If no, were the services (or will the services be) secured in compliance with the local procurement policy?

 [ ]  Yes [ ]  No

If the community is awarded a CDBG Public Facilities Grant, how would the UGLG prefer to receive funds?

Electronic Funds Transfer (EFT) [ ]  Paper Check [ ]

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| **PUBLIC FACILITIES APPLICATION****ATTACHMENTS AND SUPPORTING DOCUMENTATION CHECKLIST** |
| Topic | Documents | Required For All Apps | Included with this application submission? |
| **YES** | **NO** |
| Citizen Participation | 1. Adopted Citizen Participation Plan (*see* Part 3 *Initial Eligibility)*
 | **🗸** | [ ]   |  |
| 1. Citizen Participation Public Hearing Notice *(with proof of publication [if required] and/or posting [if required] and proof of adequate advance notice in accordance with the UGLG’s CPP in effect on the date of the first notice* ***and*** *no less than the equivalent of a Class 2 Notice)*
 | **🗸** | [ ]   |  |
| 1. Citizen Participation Public Hearing Certification Form
 | **🗸** | [ ]   |  |
| 1. Public Hearing Meeting Minutes (with the attendees listed in the Minutes or on a separate Sign-In Sheet provided)
 | **🗸** | [ ]  |  |
| 1. Policy for Non-Violent Civil Rights Demonstrations/Prohibiting the Use of Excessive Force and Barring of Entrances/Exits
 | **🗸** | [ ]   |  |
| Financial | 1. Detailed Itemization of Project Costs (supporting document for the Budget in Part 9 of this application)
 | **🗸** | [ ]   |  |
| 1. Authorizing Resolution to Commit Matching Funds *(recommended)*
 |  | [ ]   | [ ]  |
| 1. Proof of Match Funds Committed, Secured, Pending and/or have Other Status *(all documentation available)*

*[Proof of 100% Match Committed and Secured is required to receive maximum points for Match Score]* |  | [ ]   | [ ]  |
| 1. Match Funding Waiver Request Letter (with explanation of and/or supporting documentation for an economic hardship) *(if applicable)*
 |  | [ ]   | [ ]  |
| 1. Proof of Current Water/Sewer Rates *(if applicable)*
 |  | [ ]   | [ ]  |
| 1. Current Water/Sewer Rates Calculation Worksheet for 70,000 Gallons of Usage *(if applicable)*
 |  | [ ]   | [ ]  |
| Service Area & Income Survey | 1. Map of Project Area (*with project location, type of work being completed on each street (if applicable), and Service Area/beneficiary area boundaries marked*)
 | **🗸** | [ ]   |  |
| 1. Demographic Profile Sheet of beneficiaries in Service Area *(must use form provided by DEHCR in the Application Attachments)*
 | **🗸** | [ ]   |  |
| 1. LMI Calculation Worksheet, if HUD LMI Summary Data (LMISD) for multiple census blocks or multiple local governments that make up the entire service area were used to calculate the LMI percentage for the service area; or if a combination of HUD LMISD and income survey data were used to calculate the LMI percentage for the service area (*if applicable*)
 |  | [ ]   | [ ]  |
| 1. Map of Boundaries of Census Block(s) that make(s) up Service Area, if HUD LMI Census Block data were used to determine the LMI percentage for the service area *(if applicable)*
 |  | [ ]   | [ ]  |
| 1. Map of Income Survey Area (with survey area boundaries marked; residences surveyed marked; and responding, non-responding and vacant residences marked or provided on a separate sheet) *(if applicable)*
 |  | [ ]   | [ ]  |
| 1. Income Survey Results Income Tabulation Form *(if applicable: see Appendix C in Income Survey Guide)*
 |  | [ ]   | [ ]  |
| 1. Income Survey Results Race/Ethnicity Tabulation Form *(if applicable: see Appendix C in Income Survey Guide)*
 |  | [ ]   | [ ]  |
| 1. Income Survey Form used to conduct Income Survey *(if applicable)*
 |  | [ ]   | [ ]  |
| 1. List of street addresses of service area/survey area (***and*** associated mailing address, if different than street address and the mailing address was used to distribute the income survey) *(if applicable)*
 |  | [ ]   | [ ]  |
| Service Area & Income Survey | 1. List of other contact information associated with the addresses of residents surveyed, if methods other than mailing or door-to-door/in-person methods were used (e.g., telephone, email, etc.) *(if applicable)*
 |  | [ ]   | [ ]  |
| 1. List of assigned survey numbers for income surveys distributed/conducted with the response data tracking for each (date(s) survey was distributed/conducted or attempts were made; date surveyed/response received; and family size, income and race/ethnicity information for each) *(if applicable)*
 |  | [ ]   | [ ]  |
|  | 1. Income Survey Letter and/or other related correspondence sent to residents regarding the survey distribution and collection process *(if applicable)*
 |  | [ ]   | [ ]  |
| Fair Housing | 1. Potential Fair Housing Actions Checklist *(Specifying the three (3) actions that the local community will undertake)*
 | **🗸** | [ ]   |  |
|  | 1. Fair Housing Ordinance
 | **🗸** | [ ]   |  |
| Slum & Blight | 1. Slum and Blight Certification *(if applicable)*
 |  | [ ]   | [ ]  |
| 1. Slum and Blight supporting documentation *(for Area Basis only)*
 |  | [ ]   | [ ]  |
| Acquisition/ Relocation | 1. Residential Anti-Displacement and Relocation Assistance Plan
 | **🗸** | [ ]   |  |
| 1. Acquisition/Relocation/Demolition Questionnaire
 | **🗸** | [ ]   |  |
| Other | 1. Authorizing Resolution to Submit CDBG Application
 | **🗸** | [ ]   |  |
| 1. Project Need Supporting Documentation
 |  | [ ]   | [ ]  |
| 1. Planning supporting documentation *(e.g. relevant sections from adopted comprehensive plan, community redevelopment plan, etc.)*
 |  | [ ]   | [ ]  |
| 1. Statement of Assurances
 | **🗸** | [ ]   |  |
| 1. Lobbying Certification
 | **🗸** | [ ]   |  |

Fillable forms and sample documents can be found electronically on the Bureau of Community Development Website at*:* [*https://doa.wi.gov/Pages/LocalGovtsGrants/CDBGPublicFacilitiesProgram.aspx*](https://doa.wi.gov/Pages/LocalGovtsGrants/CDBGPublicFacilitiesProgram.aspx)

**CITIZEN PARTICIPATION**

**ATTACHMENTS AND SUPPORTING DOCUMENTATION**

Attach this cover page, followed by the documents in the order listed below, to the end of the Application.

Attachments:

1. Adopted Citizen Participation Plan (CPP) (with date of adoption shown on Plan and with required components)
2. Citizen Participation Public Hearing Notice (with proof of publication [if required] and/or posting [if required] and proof of adequate advance notice in accordance with the UGLG’s CPP in effect on the date of the first notice ***and*** no less than the equivalent of a Class 2 Notice)
3. Citizen Participation Public Hearing Certification Form
4. Public Hearing Meeting Minutes with Attendees Listed in Minutes or separate Sign-In Sheet Provided
5. Policy for Non-Violent Civil Rights Demonstrations/Prohibiting the Use of Excessive Force and Barring of Entrances/Exits (with date of adoption/approval shown on policy and with required language)

***Failure to submit the Citizen Participation documents listed above and demonstrate compliance with all CPP, citizen participation public hearing, and non-violent civil rights demonstrations policy requirements will disqualify the UGLG’s application.*** Refer to *Part 3 Initial Eligibility* in the *Application Instructions* for guidance.

**FINANCIAL**

**ATTACHMENTS AND SUPPORTING DOCUMENTATION**

Attach this cover page, followed by the documents in the order listed below, to the end of the Application **after** the Citizen Participation attachment(s).

Attachments:

1. Detailed Itemization of Project Costs (e.g., engineer’s estimate or similar itemization of costs to verify the costs listed in the Budget in Part 9 of this application) **– required for *all* applicants**
2. Authorizing Resolution to Commit Matching Funds, if committed
3. Proof of Match Funds Secured, Committed, Pending and/or have Other Status (all documentation available) *[Proof of 100% Match Committed and Secured is required to receive maximum points for Match Score]*
4. Match Funding Waiver Request Letter (with explanation of and/or supporting documentation for an economic hardship), if applicable
5. Proof of Current Water/Sewer Rates (e.g. rate statement(s) distributed to or published for customers, or similar document), if applicable
6. Current Water/Sewer Rates Calculation Worksheet for 70,000 Gallons of Usage, if applicable

**SERVICE AREA & INCOME SURVEY**

**ATTACHMENTS AND SUPPORTING DOCUMENTATION**

Attach this cover page, followed by the documents in the order listed below, to the end of the Application **after** the Financial attachment(s).

Attachments:

1. Map of Project Area [with project location, types of work being completed on each street (if applicable), and boundaries of Service Area/beneficiary area boundaries marked] – applicable for *all* applicants
2. Demographic Profile Sheet of beneficiaries in Service Area [must use form provided by DEHCR in Application Attachments] **– required for *all* applicants**
3. LMI Calculation Worksheet, if applicable [if HUD LMI Summary Data (LMISD) for multiple census blocks or multiple local municipalities were used to calculate LMI percentage for service area; or if a combination of HUD LMISD and income survey data were used to calculate LMI percentage for service area]
4. Map of Boundaries of Census Block(s) that make(s) up Service Area, if applicable
5. Map of Income Survey Area [with survey area boundaries marked; residences surveyed marked; and responding, non-responding and vacant residences marked or provided on a separate sheet], if applicable
6. Income Survey Results Income Tabulation Form, if applicable
7. Income Survey Results Race/Ethnicity Tabulation Form, if applicable
8. Income Survey Form used to conduct the Income Survey, if applicable
9. List of addresses in the service area/survey area, if applicable [including the street address where the residence is located and mailing address if used to distribute the survey and it is different than the actual residential street address]
10. List of other contact information associated with the addresses of residents surveyed, if applicable [applicable if methods other than mailing and door-to-door/in-person methods were used to distribute/conduct the survey (e.g., telephone, email, etc.)]
11. List(s) of survey numbers for surveys distributed/conducted with the response data tracking for each, if applicable [including the date(s) the survey was distributed/conducted or attempts were made to distribute/conduct the survey for the address, date surveyed (i.e., date survey was returned or date survey interview was conducted), family size information, income level information, and race/ethnicity information]
12. Income Survey Letter and/or other related correspondence sent to residents regarding the survey distribution and collection process, if applicable

**FAIR HOUSING**

**ATTACHMENTS AND SUPPORTING DOCUMENTATION**

Attach this cover page, followed by the documents in the order listed below, to the end of the Application **after** the Service Area / Income Survey attachment(s).

Attachments:

1. Potential Fair Housing Actions Checklist (with three (3) actions selected)
2. Fair Housing Ordinance (with current Fair Housing state statute citations and language, and with date of adoption shown on ordinance)

***Failure to submit the Fair Housing documents listed above and/or submitting a Fair Housing Ordinance that has not been adopted by the governing body and/or has obsolete state statutory language will disqualify the UGLG’s application.*** Refer to *Part 3 Initial Eligibility* in the *Application Instructions* for guidance.

**SLUM & BLIGHT**

**ATTACHMENTS AND SUPPORTING DOCUMENTATION**

Attach this cover page, followed by the documents in the order listed below, to the end of the Application **after** the Fair Housing attachment(s).

Attachments:

1. Slum and Blight Certification, if applicable
2. Slum and Blight supporting documentation (for Area Basis ONLY), please label attached document(s):

|  |  |
| --- | --- |
| a. |  |
| b. |  |
| c. |  |
| d. |  |
| e. |  |
| f. |  |
| g. |  |
| h. |  |
| i. |  |
| j. |  |

**ACQUISITION / RELOCATION**

**ATTACHMENTS AND SUPPORTING DOCUMENTATION**

Attach this cover page, followed by the documents in the order listed below, to the end of the Application **after** the Slum & Blight attachment(s).

Attachments:

1. Residential Anti-Displacement and Relocation Assistance Plan (RADRAP) (with date of adoption shown on Plan; must be current with required components, as specified on the *Sample Residential Anti-Displacement and Relocation Plan* in the provided attachments to the CDBG application)
2. Acquisition/Relocation/Demolition Questionnaire

***Failure to submit the acquisition/relocation documents listed above and/or submitting a RADRAP that has not been adopted by the governing body and/or does not have the required components will disqualify the UGLG’s CDBG application.*** Refer to *Part 3 Initial Eligibility* in the *Application Instructions* for guidance.

**OTHER**

**ATTACHMENTS AND SUPPORTING DOCUMENTATION**

Attach this cover page, followed by the documents in the order listed below, to the end of the Application **after** the Acquisition/Relocation attachment(s).

Attachments:

1. Authorizing Resolution to Submit CDBG Application
2. Project Need supporting documentation – indicate if documents are attached for the Project Need topics listed and include the name(s) of the document(s), if applicable:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | YES | NO |
| 1. Current condition of the problem?
 |[ ] [ ]
| If yes, identify each corresponding document in the order attached: |  |  |
|  | a. |  |  |  |
|  | b. |  |  |  |
|  | c. |  |  |  |
|  | d. |  |  |  |
| 1. Frequency with which the problem occurs?
 |[ ] [ ]
| If yes, identify each corresponding document in the order attached: |  |  |
|  | a. |  |  |  |
|  | b. |  |  |  |
|  | c. |  |  |  |
|  | d. |  |  |  |
| 1. Effect(s) of the problem if left untreated/unaddressed?
 |[ ] [ ]
| If yes, identify each corresponding document in the order attached: |  |  |
|  | a. |  |  |  |
|  | b. |  |  |  |
|  | c. |  |  |  |
|  | d. |  |  |  |
| 1. Extent to which the completion of the proposed project will address the problem?
 |[ ] [ ]
| If yes, identify each corresponding document in the order attached: |  |  |
|  | a. |  |  |  |
|  | b. |  |  |  |
|  | c. |  |  |  |
|  | d. |  |  |  |

|  |
| --- |
| 1. Extent to which CDBG funding is needed to complete the project?
 |[ ] [ ]
| If yes, identify each corresponding document in the order attached: |  |  |
|  | a. |  |  |  |
|  | b. |  |  |  |
|  | c. |  |  |  |
|  | d. |  |  |  |

1. Planning supporting documentation
2. Statement of Assurances
3. Lobbying Certification